# CHAPTER 3: POTENTIAL STRATEGIES AND INTERVENTIONS

## Definition

*HIV Prevention Intervention: an activity designed to change or avert high-risk behavior that may result in HIV infection.*[i]

An intervention is a specific activity (or set of related activities) intended to bring about HIV risk reduction in a particular target population using a common method of delivering the prevention message. An intervention has distinct process and outcome objectives and a protocol outlining the steps for implementation.[ii] Successful interventions avert or reduce HIV related risk behaviors and do so at a minimal cost-benefit level of investment.[iii]

## Introduction

For almost twenty years in South Carolina, HIV health educators and other HIV prevention providers have used a variety of methods in attempting to control the HIV epidemic. Although local providers share a broad common goal, they have chosen many different routes to achieve it. They have taught people how to reduce their risks of infection and counseled high risk persons about the HIV antibody test and the importance of knowing their HIV status. HIV test providers have emphasized that those who know they are HIV positive can access early treatment and care as well as engage in behaviors that will prevent transmission of HIV to others. Providers have also advocated for more treatment facilities for injecting and other drug users and other structural and environmental changes that assist individuals in changing risky behaviors.

Health communication and public information initiatives have raised the awareness of policy makers and other community leaders through the mass media, supported abstinence programs among youth and others, helped promote condom use among sexually active adults, and involved community members in providing peer education.

In short, one could say that HIV education and prevention refers to those varied activities designed to encourage and enable people to take action to prevent the spread of HIV infection. The definition is deliberately broad while acknowledging the wide scope of activities involved in changing the behavior of those at risk and the integral relationships among prevention, education and associated social and political factors.

In 2003, CDC announced a new initiative, *Advancing HIV Prevention (AHP)*, as a framework for interventions and strategies at the federal, state and community levels. Among these strategies are putting a "number one" priority emphasis on prevention efforts with persons living with HIV, as well as a priority on increasing opportunities for HIV testing in physicians' care settings and in community based sites. Additionally, *AHP* gives focused directions for prevention interventions with identified high-risk negative persons, including usage of CDC's *Compendium of HIV Interventions with Evidence of Effectiveness*. Interventions listed in the *Compendium* are currently being disseminated nationwide through the *Diffusion of Effective Behavioral Interventions* (*DEBI*) project. This chapter presents choices of intervention strategies from *AHP*, the *Compendium*, and *DEBI* that will help local prevention providers realize their goals.

## Deciding Whom To Target

Issues to consider when determining who should receive HIV prevention interventions include:

- Priority consideration given to delivering services to persons living with HIV/AIDS (PLWHA), SC's and the nation's "number one" priority population.
- If not delivering services to PLWHA, then working with a population that corresponds to another priority population noted in this SC HIV Prevention Plan.
- Proportion of priority population in local area that engages in specific risk behaviors (especially if population is defined by race, ethnicity, or other non-risk related identifier).
- Culture and norms of the particular priority population in local area.
- Predominant language(s) of that population in local area.
- Education and literacy of the priority population in local area.
- Competing economic or social needs of the priority population.
- Predominant media channels used to reach this population in area.

A description of the priority population for a local area needs to include the risk factors and demographics of the population as well as the extent of the population that will be reached by the intervention (often referred to coverage). The basic demographics of age, race, ethnicity and sex can provide insight into developmental, cultural, and sex-specific issues. The description can also include other relevant details about the audience that inform the tailoring process for the intervention (such as languages and social or behavioral norms).

The specific audience to be served may also have economic or social needs that are different from the general audience described in the SC HIV Prevention Plan. For instance, the SC HIV Prevention Plan may list "injection drug users" as a high priority population, yet in a particular city, young methamphetamine users may be the majority of IDUs. Among these methamphetamine users, there may be low employment and high IDU-on-IDU crime. These unique issues should be taken into account in the intervention plan.

Another consideration is determining the relationship of how much of the priority population will be reached. For instance, a provider may believe that there are 300 injection drug users in her jurisdiction, but that she can only reasonably expect to reach 50 of them with prevention case management services during one fiscal year. Specification of the expected coverage provides a goal to which the provider and her funders can refer when determining if the intervention reached the intended number and types of individuals.

## Intervention Categories, Types, and Definitions

CDC's Program Announcement 04064 for Community-Based Organizations (CBOs) and Program Announcement 04012 for health departments classify the broad categories of interventions. These broad intervention categories and the intervention types within each category are shown in Table 1. Table 2 provides a brief definition of each intervention type.

**Table 1: Intervention Category & Specific Types of Interventions Within Each Category**

| Intervention Category | Specific Intervention Types Within Each Category |
|---|---|
| Health Education/Risk Reduction (HE/RR) | • Individual-Level Intervention (ILI)<br>• Group Level Intervention – Skills Building (GLI-SB)<br>• Group Level Intervention – Support Group (GLI-SG)<br>• Community-Level Intervention (CLI) |
| Public Information, Including Health Communication/Public Information (HC/PI) | • Mass Media, Including Websites<br>• Hotlines<br>• "One-shot" community presentations |
| Counseling, Testing & Referral (CTR) And Partner Counseling & Referral Services (PCRS) | • HIV Counseling, Testing & Referral (CTR) including Community Based Counseling & Testing (CBCT)<br>• Partner Counseling & Referral Services (PCRS) |
| Other HIV Prevention | • Outreach (OUT), particularly Targeted Outreach<br>• Prevention Case Management (PCM)<br>• Capacity Building (CB) |

| **Table 2: Intervention Types and Definitions** |
|---|
| **Individual Level Intervention (ILI)**<br>HE/RR intervention with a skills component provided to one person at a time. |
| **Group Level Intervention – Skills Building (GLI-SB)**<br>HE/RR intervention with a skills component provided to more than one person at a time. |
| **Group Level Intervention – Support Group (GLI-SG)**<br>HE/RR group intervention that reinforces health-enhancing behavior change through increased access to social networks that use peer modeling and peer support. |
| **Community Level Intervention (CLI)**<br>Activities that attempt to improve risk conditions, affect systems, and/or influence norms in a *specific community* of persons with identified shared risk behaviors for HIV infection --- and which may also be defined by race/ethnicity, gender or sexual orientation. |
| **Health Communication/Public Information (HC/PI)**<br>The delivery of planned HIV prevention messages through one or more channels (in person, through print materials, on the radio, via internet, etc.) to target audiences. |
| **Counseling, Testing & Referral (CTR), including Community Based Counseling & Testing (CBCT)**<br>HIV counseling and testing delivered in public health department sites and community-based (i.e., non public health department) settings in order to increase the numbers of persons who know their HIV status and, if positive, then can be linked into care and prevention services. |
| **Partner Counseling & Referral Services (PCRS)**<br>A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can avoid infection or, if already infected, can prevent transmission to others. PCRS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services. |
| **Outreach (OUT)**<br>Face to face interventions with high-risk individuals conducted in places where they congregate for the purpose of recruiting clients into CBCT, PCM, and other prevention or care services, as needed, as well as for the distribution of risk reduction supplies. |
| **Prevention Case Management (PCM)**<br>Client-centered, intensive, long-term, prevention-based, comprehensive counseling conducted with HIV positive persons or high risk negative persons for the purpose of preventing HIV transmission from self to others or personal avoidance of HIV infection or repeat infection. |
| **Capacity Building (CB)**<br>Capacity building is defined as strengthening the governmental and the nongovernmental public health infrastructure in support of HIV prevention, implementing systems to ensure the quality of services, and improving the ability to assess community needs and provide technical assistance in all aspects of program planning and operations. |

**Questions to Consider in Choosing Program Interventions**

In light of the previously mentioned national initiative, *Advancing HIV Prevention* (*AHP*), the following four major areas of emphasis need to be considered. Those are: 1) Incorporate HIV testing as a routine part of care in traditional medical settings; 2) Implement new models for diagnosing HIV infections outside medical settings; 3) Prevent new infections by working with people living with HIV/AIDS and their partners; and 4) Further decrease mother-to-child HIV transmission. Although the CPG and the CDC recognize the contribution of programs that have not yet received rigorous evaluation, the redoubling of prevention efforts has led to the need to place a premium on programs with evidence of effectiveness for reducing behaviors associated with HIV transmission. CDC's *Compendium of HIV Interventions with Evidence of Effectiveness* is a primary resource for proven, effective interventions. Additionally, interventions identified through the *Replicating Effective Programs* project and disseminated through the *Diffusion of Effective Behavioral Interventions* (*DEBI*) project represent the best currently available science related to HIV prevention.

In a review of these resources, program providers should consider the following before selecting an intervention:

- ❑ Who should I target?
    - o Who is most in need?
    - o Who is currently being served with what levels and types of programs and resources?
    - o What are the gaps in intervention services?
- ❑ What are the intervention's resource requirements (ideal staffing patterns; materials needed)?
- ❑ What are my agency's resources (existing and feasibly acquired)?
- ❑ What is a particular intervention's complexity and implementation timeframe?
- ❑ What types of recruitment activities will be required to implement the intervention?
- ❑ What are the ideal physical settings and characteristics for implementing the intervention?
- ❑ What is a particular intervention's adaptability?
- ❑ What are the particular cultural, legal, ethical and political considerations in my agency and community as they relate to a particular intervention for a particular population?
- ❑ What are the necessary quality assurance measures that must be followed?
- ❑ How will I know if I am successful with a particular intervention?
    - o What will be the required monitoring and evaluation data to be collected?
    - o Does my agency have the capability to fully collect this data to determine the effectiveness of this intervention?

Upon completion of a program intervention plan analysis such as the one indicated above, the most appropriate strategies or interventions may be selected from among those indicated in the following table.

| **Table 3: <u>Recommended</u> Strategies/Interventions by Type With Populations Noted in Parentheses ( )** | |
|---|---|
| **Type of Intervention** | **<u>Recommendations</u>** |
| Individual Level Intervention (ILI) | ▪ Uses the HIV Prevention Counseling course as one framework/guidance. (All populations except WMSM)<br>▪ May also use *Project RESPECT*. |
| Group Level Intervention-Skills Building (GLI-SB) | ▪ *SISTA Project* (AAWSM)<br>▪ *Partners in Prevention* (AAMSM, AAWSM, WMSM)<br>▪ *VOICES/VOCES* (AAWSM, AAMSW, Hispanics/Latinos [H/L])<br>▪ *Many Men, Many Voices* (AAMSM)<br>▪ *Healthy Relationships* (HIV+)<br>▪ *Safety Counts* (IDUs)<br>▪ American Red Cross *Talking Drums* (AAMSM, AAWSM, AAMSW, IDUs) |
| Group Level Intervention-Support Group (GLI-SG) | ▪ Peer or professional led support groups with discussion topics inclusive of HIV prevention. (HIV+, Hispanics/Latinos) |
| Community Level Intervention (CLI) | ▪ *Popular Opinion Leader* (All populations except HIV+)<br>▪ *RAPP* (AAWSM)<br>▪ *Mpowerment* (WMSM) |
| Health Communications/ Public Information (HC/PI) | ▪ SC DHEC AIDS/STD Hotline services<br>▪ "One-shot" presentations<br>▪ PSAs on radio, television |
| Counseling, Testing & Referral (CTR) Services | ▪ Clinic-based testing offered in county health departments' HIV voluntary testing clinics and in the STD clinic. (All populations)<br>▪ Community-based testing provided using Orasure and/or OraQuick at sites and times convenient to the priority population. (All populations) |
| Partner Counseling & Referral Services (PCRS) | ▪ Specific services provided by Disease Intervention Specialists (DIS) located in the 46 county health departments. (All populations) |
| Outreach (OUT) | ▪ Portions of *Popular Opinion Leader* (All populations except HIV+)<br>▪ Uses the HIV Prevention Counseling course among the guidance for this intervention's delivery. |
| Comprehensive Risk Counseling & Services (CRCS) | ▪ Uses CDC's CRCS Guidance for this intervention's delivery. (All populations) |
| Capacity Building (CB) | ▪ "How to Implement 'CRCS' Programs"<br>▪ "How to Implement 'DEBI' Programs" (Populations: AAMSM, AAWSM, AAMSW, H/L)<br>▪ "How to Implement CTRS" |

## Measuring Success

Concrete information about progress is essential to ensure that high quality prevention services are delivered as intended, intended clients receive those services, training and supervision are provided in response to identified needs, and resources are expended judiciously. Collecting process data is often viewed as a time-consuming process. Although everyone is concerned about providing the best possible prevention services to the most people, many people are willing to continue providing services without proven value. Stakeholders and funding providers—from federal policymakers to community planning groups and members of the priority populations—are demanding empirical evidence of what is being done for people living with and at risk for HIV and how well those services work.

Various data collection systems are used in South Carolina. CTR data is obtained from the lab reports that accompanying the test. PCRS information is entered onto an *1129 Form* that is entered into a computer for data analysis. *Event Data Entry Forms* (*DEFs*) are temporarily used in late 2004 for reporting prevention activities classified as the following: HE/RR (ILIs, GLIs, CLIs); Outreach; HC/PI; and PCM. CBCT is reported on *DEFs*, in addition to the standard lab reports for the clinical portion of this prevention intervention. In early to mid 2005, CDC and DHEC will implement a new reporting process, *Program Evaluation Monitoring System* (*PEMS*). These data collection and evaluation systems are described in more detail in Chapter 9. Additional information on the process monitoring of interventions can also be found at: http://www.cdc.gov/hiv/aboutdhap/perb/guidance/chapter5.htm

For information on *Advancing HIV Prevention* (*AHP*), specific requirements for implementation and more detailed descriptions of the HIV prevention interventions and their effectiveness, the following links may be useful:

- CDC's *Advancing HIV Prevention* initiative at http://www.cdc.gov/hiv/partners/ahp.htm;
- *Characteristics of Reputationally Strong Programs* located at http://www.cdc.gov/hiv/projects/rep/crsppproj.htm;
- *What Intervention Studies Say About Effectiveness* at: http://www.healthstrategies.org/pubs/publications/InterventionEffectiveness.pdf
- *Procedural Guidance for Selected Strategies and Interventions for Community Based Organizations Funded Under Program Announcement 04064* at: http://www.cdc.gov/hiv/partners/pa04064_cbo.htm;
- *Advancing HIV Prevention: Interim Technical Guidance for Selected Interventions* at: http://www.cdc.gov/hiv/partners/Interim-Guidance.htm;
- *The Compendium of HIV Interventions with Evidence of Effectiveness* at: http://www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm;
- *Replicating Effective Programs Plus* at: http://www.cdc.gov/hiv/projects/rep/default.htm;
- *Diffusion of Effective Behavioral Interventions (DEBI) Project* at: http://www.effectiveinterventions.org

[i] Chapter 6, CDC Planning Handbook
[ii] Evaluation Guidance, vol.2, 3-1, http://www.cdc.gov/hiv/aboutdhap/perb/hdg2/ch3res.pdf
[iii] Appendix B, CDC Planning Handbook